

## **R430-90-7, R430-50-7. PERSONNEL.**

### **Licensed Family 90-7:**

- (1) The licensee and all substitutes and caregivers must:
- (a) be at least 18 years of age; and
  - (b) have knowledge of and comply with all applicable laws and rules.

### **Residential Certificate 50-7:**

- (1) The certificate holder and all substitutes must:
- (a) be at least 18 years of age; and
  - (b) have knowledge of and comply with all applicable laws and rules.

### **Rationale / Explanation**

*Eighteen years is the age of legal consent. The purpose of this rule is to ensure that caregivers have the maturity necessary to meet the responsibilities of independently caring for a group of children. CFOC, pgs.14-15 Standard 1.018*

### **Enforcement**

*For 1(a):*

*Level 2B Noncompliance otherwise.*

*Level 2D Noncompliance if the substitute and/or caregiver is 16 or 17 years of age.*

*For 1(b):*

*The Noncompliance Level depends on the Noncompliance Level of the rule with which the provider failed to comply. Check with the Bureau Director before citing.*

### **Licensed Family 90-7:**

- (2) All assistant caregivers shall:
- (a) be at least 16 years of age;
  - (b) work under the immediate supervision of a provider who is at least 18 years of age; and
  - (c) have knowledge of and comply with all applicable laws and rules.

### **Rationale / Explanation**

*The American Academy of Pediatrics and the American Public Health Association recommend that assistant caregivers be at least 18 years of age, and that volunteers and students be at least 16 years of age, but never be left alone with children or counted in the ratios. CFOC, pgs. 14-15 Standard 1.018*

*Eighteen is the age of legal consent. Research in brain development and functioning in teenagers indicates that teenagers' responses to situations are more emotional and impulsive, and show less reasoned judgement, than adult responses. For more information on this research, see:*

*<http://www.nimh.nih.gov/Publicat/teenbrain.cfm>*

*<http://www.pbs.org/wgbh/pages/frontline/shows/teenbrain/>*

### **Enforcement**

*For 2(a) & (b):*

*Level 2D Noncompliance.*

## R430-90-7, R430-50-7. PERSONNEL.

For 2(c):

*The Noncompliance Level depends on the Noncompliance Level of the rule with which the assistant caregiver failed to comply. Check with the Bureau Director before citing.*

### **Licensed Family 90-7:**

- (3) Assistant caregivers may be included in provider to child ratios, but only if there is also another provider present in the home who is 18 years of age or older.

### **Rationale / Explanation**

*The American Academy of Pediatrics and the American Public Health Association recommend that assistant caregivers be at least 18 years of age, and that volunteers and students be at least 16 years of age, but never be left alone with children or counted in the ratios. CFOC, pgs. 14-15 Standard 1.018*

*Eighteen is the age of legal consent. Research in brain development and functioning in teenagers indicates that teenagers' responses to situations are more emotional and impulsive, and show less reasoned judgement, than adult responses. For more information on this research, see:*

*<http://www.nimh.nih.gov/Publicat/teenbrain.cfm>*

*<http://www.pbs.org/wgbh/pages/frontline/shows/teenbrain/>*

### **Enforcement**

*Always Level 2B Noncompliance.*

### **Licensed Family 90-7:**

- (4) Assistant caregivers shall meet the training and TB screening requirements of this rule.

### **Rationale / Explanation**

*See the Rationale / Explanation for the training and TB rules.*

### **Enforcement**

*See the Noncompliance Levels for the training and TB rules.*

### **Licensed Family 90-7:**

- (5) The licensee may make arrangements for a substitute who is at least 18 years old and who is capable of providing care, supervising children, and handling emergencies in the absence of the licensee.

### **Residential Certificate 50-7:**

- (2) The certificate holder may make arrangements for a substitute who is at least 18 years old and who is capable of providing care, supervising children, and handling emergencies in the absence of the certificate holder.

### **Rationale / Explanation**

*Eighteen years is the age of legal consent. The purpose of this rule is to ensure that caregivers have the maturity necessary to meet the responsibilities of independently caring for a group of children. CFOC, pgs.14-15*

## R430-90-7, R430-50-7. PERSONNEL.

Standard 1.018

### **Enforcement**

*Level 2D Noncompliance: If the substitute is 16 or 17 years of age.*

*Level 2B Noncompliance: If the substitute is younger than 16 years of age.*

*Otherwise, check with the Bureau Director before citing.*

### **Licensed Family 90-7:**

- (6) **Substitutes who care for children an average of 10 hours per week or more shall meet the training, first aid and CPR, and TB screening requirements of this rule.**

### **Residential Certificate 50-7:**

- (3) **Substitutes who care for children an average of 10 hours per week or more shall meet the training, first aid and CPR, and TB screening requirements of this rule.**

### **Rationale / Explanation**

*The American Academy of Pediatrics and the American Public Health Association recommend that all caregivers complete 30 clock hours each year of ongoing training. Research has demonstrated that the training and education of the caregiver has a direct impact on the quality of care children receive. Caregivers who are better trained are better able to prevent, recognize, and correct health and safety problems. Caregivers are also more likely to avoid abusive discipline practices if they are well-informed about effective, non-abusive methods for managing children's behaviors. CFOC, pgs. 24-25 Standard 1.029; pgs. 9-10 Standards 1.010, 1.011, 1.012; pgs. 27-28 Standard 1.032; pg. 41 Standard 1.053; pgs. 75-76 Standards 2.061, 2.064; pg. 117 Standard 3.056*

*To ensure the health and safety of children in child care setting, including during off-site activities, someone who is qualified to respond to common life-threatening emergencies must be present at all times. The presence of such a qualified person can mitigate the consequences of injury and reduce the potential for death from life-threatening conditions. Having these emergency skills, and the confidence to use them, are critically important to the outcome of an emergency situation. CFOC, pgs. 21-22 Standards 1.026, 1.027*

*Accurate and complete training records are needed to track staff training and monitor compliance with this rule. CFOC, pg. 29 Standard 1.034*

*The purpose of this rule is to prevent the spread of TB from infected adults to children. Young children acquire TB from infected adults or adolescents. Tuberculosis organisms are spread by the inhalation of small particles which are produced when an infected adult or adolescent coughs or sneezes. Transmission usually occurs in an indoor environment. CFOC, pgs. 291 -292 Standard 6.014; pgs. 36-37 Standard 1.045*

### **Enforcement**

### **For Orientation Training:**

*Level 2D Noncompliance: If a new caregiver does not have orientation training in:*

- *the licensee's/ certificate holder's emergency and disaster plan.*
- *the child care licensing/certificate rules for:*
  - *supervision and ratios.*

## **R430-90-7, R430-50-7. PERSONNEL.**

- *injury prevention.*
  - *parent notification and child security.*
  - *child health .*
  - *medications.*
  - *child discipline.*
  - *transportation.*
  - *infant and toddler care.*
- *a review of the information in the health assessment for each child in care.*
- *procedures for releasing children to authorized individuals only.*
- *signs and symptoms of child abuse and neglect, and legal reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation.*
- *obtaining assistance in emergencies.*
- *SIDS, coping with crying babies, and Shaken Baby Syndrome, if the provider cares for infants or toddlers.*

*Level 3D Noncompliance: If a new caregiver does not have orientation training in:*

- *the child care licensing/certificate rules for:*
  - *infection control.*
  - *diapering.*
  - *child nutrition.*
  - *activities.*
  - *animals.*
  - *napping.*
- *proper clean up of body fluids.*
- *job description and duties.*
- *the licensee's written policies and procedures (for licensed providers only).*

*Level 4 Noncompliance: If there is no documentation.*

### **For Annual Training:**

*Level 3D Noncompliance if a provider does not have the training hours.*

*Level 4 Noncompliance if training has been completed but the documentation of the training hours is missing or incomplete.*

### **For First Aid & CPR Training:**

*Infant CPR certification is not required if the licensee/certificate holder does not care for infants or toddlers.*

*See Enforcement instructions for R430-90-9(3)(d) or R430-50-9(3)(d) if the provider indicates they have the needed certifications, but cannot find documentation of them during the visit.*

*Level 1D Noncompliance for no CPR certification.*

*Level 3D Noncompliance for no first aid certification.*

## **R430-90-7, R430-50-7. PERSONNEL.**

### **For TB Testing:**

*Always Level 2D Noncompliance.*

### **Licensed Family 90-7:**

- (7) In an unforeseeable emergency, such as a medical emergency requiring immediate care at a hospital or at an urgent care center or a lost child, the licensee may assign an emergency substitute who has not had a criminal background screening to care for the children. A licensee may use an emergency substitute for up to 24 hours for each emergency event.

### **Residential Certificate 50-7:**

- (4) In an unforeseeable emergency, such as a medical emergency requiring immediate care at a hospital or at an urgent care center or a lost child, the certificate holder may assign an emergency substitute who has not had a criminal background screening to care for the children. The certificate holder may use an emergency substitute for up to 24 hours for each emergency event.

### **Rationale / Explanation**

*Supervision of children is basic to the prevention of harm. Parents have an expectation that their children will be supervised when in the care of a provider. CFOC, pgs. 58-59 Standard 2.028*

### **Enforcement**

*Always Level 2D Noncompliance.*

### **Licensed Family 90-7:**

- (7) (a) The emergency substitute shall be at least 18 years of age.

### **Residential Certificate 50-7:**

- (4) (a) The emergency substitute shall be at least 18 years of age.

### **Rationale / Explanation**

*Eighteen years is the age of legal consent. The purpose of this rule is to ensure that caregivers have the maturity necessary to meet the responsibilities of independently caring for a group of children. CFOC, pgs.14-15 Standard 1.018*

### **Enforcement**

*Level 2D Noncompliance: If the emergency substitute is 16 or 17 years of age.*

*Level 2B Noncompliance: If the emergency substitute is younger than 16 years of age.*

### **Licensed Family 90-7:**

- (7) (b) The emergency substitute is not required to meet the training, first aid and CPR, and TB screening requirements of this rule.

## R430-90-7, R430-50-7. PERSONNEL.

### Residential Certificate 50-7:

- (4) (b) The emergency substitute is not required to meet the training, first aid and CPR, and TB screening requirements of this rule.

### Rationale / Explanation

*Supervision of children is basic to the prevention of harm. Parents have an expectation that their children will be supervised when in the care of a provider. CFOC, pgs. 58-59 Standard 2.028*

### Enforcement

*Enforcement and Compliance levels are not needed.*

### Licensed Family 90-7:

- (7) (c) The emergency substitute cannot be a person who has been convicted of a felony or misdemeanor or has been investigated for abuse or neglect by any federal, state, or local government agency. The emergency substitute must provide a signed, written declaration to the licensee that he or she is not disqualified under this subsection.

### Residential Certificate 50-7:

- (4) (c) The emergency substitute cannot be a person who has been convicted of a felony or misdemeanor or has been investigated for abuse or neglect by any federal, state, or local government agency. The emergency substitute must provide a signed, written declaration to the certificate holder that he or she is not disqualified under this subsection.

### Rationale / Explanation

*The purpose of this rule is to ensure that individuals who have a criminal history do not work with or have unsupervised access to children in child care programs regulated by the Bureau of Child Care Licensing, as outlined in Utah Code 26-39-107.*

### Enforcement

*Level 2D Noncompliance: If the person has a criminal record.*

*Level 4 Noncompliance: If the person does not have a criminal record but did not provide a written declaration.*

### Licensed Family 90-7:

- (7) (d) During the term of the emergency, the emergency substitute may be counted as a provider for the purpose of maintaining the required provider to child ratios.

### Residential Certificate 50-7:

- (4) (d) During the term of the emergency, the emergency substitute may be counted as a provider for the purpose of maintaining the required provider to child ratios.

### Rationale / Explanation

*Emergency substitutes are used to ensure that child to staff ratios are maintained at all times. CFOC, pgs. 30 Standard 1.037*

## R430-90-7, R430-50-7. PERSONNEL.

### **Enforcement**

*Enforcement and Compliance levels are not needed.*

#### **Licensed Family 90-7:**

- (7) (e) The licensee shall make reasonable efforts to minimize the time that the emergency substitute has unsupervised contact with the children in care.

#### **Residential Certificate 50-7:**

- (4) (e) The certificate holder shall make reasonable efforts to minimize the time that the emergency substitute has unsupervised contact with the children in care.

### **Rationale / Explanation**

*The purpose of this rule is to ensure that individuals who have not passed a background screening have minimal unsupervised contact with the children in care.*

### **Enforcement**

*Level 2D Noncompliance: If the person has a criminal record.*

*Level 3D Noncompliance: If the person does not have a criminal record.*

#### **Licensed Family 90-7:**

- (8) Any new caregiver, volunteer, or non-emergency substitute shall receive orientation training prior to assuming caregiving duties. Orientation training shall be documented in the individual's file and shall include the following topics:
- (a) specific job responsibilities;
  - (b) the licensee's written policies and procedures;
  - (c) the licensee's emergency and disaster plan;
  - (d) the current child care licensing rules found in Sections R430-90-11 through 24;
  - (e) introduction and orientation to the children in care;
  - (f) a review of the information in the health assessment for each child in care;
  - (g) procedure for releasing children to authorized individuals only;
  - (h) proper clean up of body fluids;
  - (i) signs and symptoms of child abuse and neglect, and legal reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation;
  - (j) obtaining assistance in emergencies; and
  - (k) if the licensee accepts infants or toddlers for care, orientation training topics shall also include:
    - (i) preventing shaken baby syndrome and coping with crying babies; and
    - (ii) preventing sudden infant death syndrome.

#### **Residential Certificate 50-7:**

- (5) Any new non-emergency substitute or volunteer shall receive orientation training prior to assuming caregiving duties. Orientation training shall be documented in the individual's file and shall include the following topics:
- (a) specific job responsibilities;
  - (b) the certificate holder's emergency and disaster plan;

## R430-90-7, R430-50-7. PERSONNEL.

- (c) the current child care certificate rules found in Sections R430-50-11 through 24;
- (d) introduction and orientation to the children in care;
- (e) a review of the information in the health assessment for each child in care;
- (f) procedure for releasing children to authorized individuals only;
- (g) proper clean up of body fluids;
- (h) signs and symptoms of child abuse and neglect, and legal reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation;
- (i) obtaining assistance in emergencies; and
- (j) if the certificate holder accepts infants or toddlers for care, orientation training topics shall also include:
  - (i) preventing shaken baby syndrome and coping with crying babies; and
  - (ii) preventing sudden infant death syndrome.

### Rationale / Explanation

*The purpose of this rule is to ensure that all new caregivers receive basic training for the work they will be doing, and understand their duties and responsibilities. Because of frequent staff turnover in the child care field, it is essential that the health and safety of children in care are protected by not leaving new caregivers alone with children until they have completed basic orientation training. CFOC, pgs. 17-19 Standard 1.023*

### Enforcement

*Level 2D Noncompliance: If a new caregiver does not have orientation training in:*

- the licensee's/certificate holder's emergency and disaster plan.
- the child care licensing/certificate rules for:
  - supervision and ratios.
  - injury prevention.
  - parent notification and child security.
  - child health .
  - medications.
  - child discipline.
  - transportation.
  - infant and toddler care.
- a review of the information in the health assessment for each child in care.
- procedures for releasing children to authorized individuals only.
- signs and symptoms of child abuse and neglect, and legal reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation.
- obtaining assistance in emergencies.
- SIDS, coping with crying babies, and Shaken Baby Syndrome, if the provider cares for infants or toddlers.

*Level 3D Noncompliance: If a new caregiver does not have orientation training in:*

- the child care licensing/certificate rules for:
  - infection control.
  - diapering.
  - child nutrition.
  - activities.
  - animals.



## R430-90-7, R430-50-7. PERSONNEL.

- napping.
- proper clean up of body fluids.
- job description and duties.
- the licensee's written policies and procedures (for licensed providers only).

*Level 4 Noncompliance: If there is no documentation.*

### **Licensed Family 90-7:**

- (9) Substitutes who care for children an average of 10 hours per week or more, the licensee, and all caregivers shall complete a minimum of 20 hours of training each year, based on the license date. A minimum of 10 hours of the required annual training shall be face-to-face instruction.
- (a) Documentation of annual training shall be kept in each individual's file, and shall include the name of the training organization, the date, the training topic, and the total hours or minutes of training.
- (b) All caregivers and non-emergency substitutes who begin employment partway through the license year shall complete a proportionate number of training hours based on the number of months worked prior to the relicensure date.

### **Residential Certificate 50-7:**

- (6) Substitutes who care for children an average of 10 hours per week or more and the certificate holder shall complete a minimum of 10 hours of training each year, based on the certificate date. A minimum of 5 hours of the required annual training shall be face-to-face instruction.
- (a) Documentation of annual training shall be kept in each individual's file, and shall include the name of the training organization, the date, the training topic, and the total hours or minutes of training.
- (b) All non-emergency substitutes who begin employment partway through the certificate year shall complete a proportionate number of training hours based on the number of months worked prior to the certificate renewal date.

### **Rationale / Explanation**

*The American Academy of Pediatrics and the American Public Health Association recommend that all caregivers complete 30 clock hours each year of ongoing training. Research has demonstrated that the training and education of the caregiver has a direct impact on the quality of care children receive. Caregivers who are better trained are better able to prevent, recognize, and correct health and safety problems. Caregivers are also more likely to avoid abusive discipline practices if they are well-informed about effective, non-abusive methods for managing children's behaviors. CFOC, pgs. 24-25 Standard 1.029; pgs. 9-10 Standards 1.010, 1.011, 1.012; pgs. 27-28 Standard 1.032; pg. 41 Standard 1.053; pgs. 75-76 Standards 2.061, 2.064; pg. 117 Standard 3.056*

*Accurate and complete training records are needed to track staff training and monitor compliance with this rule. CFOC, pg. 29 Standard 1.034*

### **Enforcement**

*Training from outside sources, such as CCR&R or outside workshops or conferences, must have a certificate or other documentation from the agency delivering the training.*

*For caregivers who begin working partway through the licensing year, they must have completed an average of 1 hour and 40 minutes of training for each full month of employment. Time spent in orientation training during a*

## **R430-90-7, R430-50-7. PERSONNEL.**

*new employee's first year of employment can count toward their hours of required annual training for the first year.*

*Level 3D Noncompliance: If a provider does not have the training hours.*

*Level 4 Noncompliance: If training has been completed but the documentation of the training hours is missing or incomplete.*

### **Licensed Family 90-7:**

- (9) (c) Annual training hours shall include the following topics at least once every two years:
- (i) a review of all of the current child care licensing rules found in Sections R430-90-11 through 24;
  - (ii) a review of the licensee's written policies and procedures and emergency and disaster plan, including any updates;
  - (iii) signs and symptoms of child abuse and neglect, and legal reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation;
  - (iv) principles of child growth and development, including development of the brain; and
  - (v) positive guidance; and
- (d) if the licensee accepts infants or toddlers for care, required training topics shall also include:
- (i) preventing shaken baby syndrome and coping with crying babies; and
  - (ii) preventing sudden infant death syndrome.

### **Residential Certificate 50-7:**

- (6) (c) Annual training hours shall include the following topics at least once every two years:
- (i) a review of all of the current child care certificate rules found in Sections R430-50-11 through 24;
  - (ii) signs and symptoms of child abuse and neglect, and legal reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation;
  - (iii) principles of child growth and development, including development of the brain; and
  - (iv) positive guidance; and
- (d) if the certificate holder accepts infants or toddlers for care, required training topics shall also include:
- (i) preventing shaken baby syndrome and coping with crying babies; and
  - (ii) preventing sudden infant death syndrome.

### **Rationale / Explanation**

*The American Academy of Pediatrics and the American Public Health Association recommend that all caregivers complete 30 clock hours each year of ongoing training. Research has demonstrated that the training and education of the caregiver has a direct impact on the quality of care children receive. Caregivers who are better trained are better able to prevent, recognize, and correct health and safety problems. Caregivers are also more likely to avoid abusive discipline practices if they are well-informed about effective, non-abusive methods for managing children's behaviors. CFOC, pgs. 24-25 Standard 1.029; pgs. 9-10 Standards 1.010, 1.011, 1.012; pgs. 27-28 Standard 1.032; pg. 41 Standard 1.053; pgs. 75-76 Standards 2.061, 2.064; pg. 117 Standard 3.056*

*Accurate and complete training records are needed to track staff training and monitor compliance with this rule. CFOC, pg. 29 Standard 1.034*

<b>R430-90-7, R430-50-7. PERSONNEL.</b>
<b><u>Enforcement</u></b>
<i>Always Level 3D Noncompliance.</i>